

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16729

FILED MAY 20 1944

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 4434

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer Phillips Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community 9 years (Specify whether years, months or days)

3. (a) PRINT NAME Alma Sayles ~~MAE~~  
FULL NAME

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or Face Cal 6. (a) Single, widowed, married, divorced 1  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 1897 years  
7. Birth date of deceased July 15 (Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 24 If less than one day hr. min.

9. Birthplace Jackson Tenn (City, town, or county) (State or foreign country)

10. Usual occupation mil

11. Industry or business

12. Name Fredmore Hall  
13. Birthplace Cumberland Furnace Tenn (City, town, or county) (State or foreign country)  
14. Maiden name Alice McDurds  
15. Birthplace Clarksville Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Pauline McCallister  
(b) Address 911 N. 22nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director G.P. Richardson  
(b) Address 2625 Glasgow

19. (a) MAY 3 1944 (b) J.P. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")  
(d) Street No. 911 N. 22nd St. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9, year 1944 hour 5 minute 25 A.M.

21. I hereby certify that I attended the deceased from May 4, 1944, May 9, 1944, that I last saw her alive on May 9, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death  
Prob. Tuberculous enteritis  
Pleurisy with Effusion

Due to Lungs not affected

Due to 15

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature Alma Sayles (M. D. or other) Address 2625 Glasgow Date signed 5/10/44

SEP 21 1949

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*A. P. Richardson*

Licensed Embalmer No. *2928*

P. O. Address. *City*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**